

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER / SUPPLIER / CLIA IDENTIFICATION NUMBER 225338	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 06/22/2020
NAME OF PROVIDER OF SUPPLIER CAPE REGENCY REHABILITATION & HEALTH CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP 120 S MAIN STREET CENTERVILLE, MA 02632	
For information on the nursing home's plan to correct this deficiency, please contact the nursing home or the state survey agency.			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		
F 0880 Level of harm - Minimal harm or potential for actual harm Residents Affected - Some	<p>Provide and implement an infection prevention and control program.</p> <p>**NOTE- TERMS IN BRACKETS HAVE BEEN EDITED TO PROTECT CONFIDENTIALITY**</p> <p>Based on staff observation, staff interview, and Center for Disease Control Guidelines, the facility failed to ensure that staff utilized personal protective equipment (PPE) for transmission-based precautions protocol, as required, to prevent possible spread of COVID-19 in the facility. Finding include: The facility had three COVID-19+ residents on the day of survey. A. CDC Guidelines, Interim Infection Prevention and Control Recommendations for Healthcare Personnel During the Coronavirus Disease (COVID-19) Pandemic updated June 19, 2020, requires facilities to screen everyone entering a health care facility for signs and symptoms of COVID-19 and asking if they have been advised to self-quarantine because of exposure to someone with the Coronavirus This requirement includes assessing for fever(temperature greater than 100.0 F or subjective fever). No visitor/staff is allowed entry into the facility without being screened for the above by a facility staff member and without wearing a mask. Social distancing of six feet or greater, when not providing care, is an important strategy to prevent the spread of [MEDICAL CONDITION]. The following observations were made by the surveyor on 6/22/20 1. At 7:05 A.M. CNA #1 was observed walking through the lobby. She did not have a mask on. The surveyor then proceeded to the Beach Bay unit and observed CNA #1 in the nutrition kitchen on the unit, with another staff member and still not having a mask in place. 2. At 7:19 A.M. Nurse #1 entered the facility without wearing a mask, the screening process, which included a temperature, an oxygen saturation and a COVID 19 questionnaire was completed. Nurse #1 walked through the closed double doors, and then placed a mask on. 3. At 7:30 A.M. Staff #2 entered the facility without having a mask on, had the screening process completed, and then went into the facility down a flight of stairs, still not having a mask in place. 4. At 7:31 A.M. Nurse #2 entered the facility without having a mask on. She had a laser thermometer with her and began to take her own temperature. The screening person stated that he needed to see the temperature, at which time she stated Oh you have to see it now? She asked the screener for a mask, and then placed it on. 5. At 7:45 A.M. Staff members #4 and #5 entered the building together, not maintaining social distancing. The screening process was completed on both staff members, still not maintaining social distancing and then they were asked to put on masks. 6. At 7:55 A.M. Staff #6 member entered the facility without having a mask on, had the screening process completed and then went into the facility down a flight of stairs, still not having a mask in place. In all of the above examples, social distancing was not maintained during the screening process. On 6/22/20 at 8:00 A.M. the Director of Nursing indicated that everyone should have a mask on before they enter the facility(Lobby), maintain social distancing and should be offered a mask if they do not have one before entering the Lobby area. B. The use of droplet precautions applies when respiratory droplets [MEDICAL CONDITION] or bacteria particles which may be spread to another susceptible individual. Respiratory viruses can enter the body via the nasal mucosa, conjunctiva (inner layer of the eyelid), and the mouth. Respiratory droplets are generated when an infected person coughs, sneezes, talks, or during procedures such as suctioning, endotracheal intubation, cough induction by chest physiotherapy, and cardiopulmonary resuscitation. The maximum distance for droplet transmission is approximately 6 feet. When a resident is placed on transmission-based precautions, the facility should implement: -Clearly identify the type of precautions and the appropriate PPE to be used. -Place signage in a conspicuous place outside the resident's room such as the door or on the wall next to the doorway identifying the CDC category of transmission-based precautions (e.g. contact, droplet, or airborne) and instructions for use of PPE (Personal Protective Equipment). -Make PPE readily available to staff caring for the resident - Don (put on) the appropriate PPE upon entry into the environment of the resident on transmission-based precautions (e.g. Droplet precautions); -The PPE used for care of the resident on droplet precautions is gloves, mask, gown and eye protection (CDC indicates that contact lenses and glasses are not acceptable eye protection). -Dedicated medical equipment (preferably disposable, when possible) should be used for the provision of care. Clean and disinfect all other equipment used for care. (stethoscopes, blood pressure cuffs, gait belts, etc). The following observations were made by the surveyor on 6/22/20 at 9:00 A.M. on the Sunrise Unit: The surveyor observed a CNA who was providing direct care to a resident. The CNA was transferring the resident into her wheel chair and did not have gloves on. The CNA walked out into the hall and pulled a breakfast tray from the kitchen cart. She had not washed her hands or used Antibacterial Hand Sanitizer. The surveyor observed 3 of 3 CNAs donned in full PPE with gait belts(an assistive device that is secured around the waist of a resident, to allow a caregiver to grasp the belt to assist in transfers and ambulation) worn on the outside of their isolation gowns while passing the breakfast trays. On 6/22/20 at 9:15 A.M. the nurse assigned to the Sunrise cove unit stated that gloves need to be worn when providing care, hand washing/ABHS should be used after care and there should be no gait belts on the outside of the isolation gowns.</p>		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE		(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.